STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Josh Gottheimer for Congress PO Box 584 ADDRESS (number and street) (Check if address is changed) Ridgewood 07451 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.josh4congress.com (Check if address is changed) DATE 2021 C00573949 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cohen, Lauren, , , Type or Print Name of Treasurer Cohen, Lauren, , , [Electronically Filed] 05 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FE	C For	rm 1 (Revised 02/2009)	Page 2	
		OMMITTEE • Committee:		
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)	of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) Gottheimer, Josh, , ,	lete the candidate	
Candida	ate			
Candida Party A		on DEM Office Sought: * House Senate President	State N. District 05	=
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candida				
Party	Com	nmittee: (National, State	Domoorotio	
(d)		· · · ·	Democratic, lepublican, etc.) Par	ty.
Politic	cal A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is	s a:
		Corporation Corporation w/o Capital Stock	Labor Organization	I
		Membership Organization Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	regated fund or par	rty
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint F	Fund	raising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.			ī

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Write or Type Committee N		
Josh Gottheir	mer for Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
The GP\$ Victory F	und	
	PO Box 83142	
Mailing Address	PO BOX 63142	
	Gaithersburg MD	20883
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee X Joint Fundraising Represe	entative Leadership PAC Sponso
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
Mele,	Steven, , ,	
Mailing Address	611 Pennsylvania Avenue SE	
-	Suite 143	·
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		
s. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name Coher of Treasurer	n, Lauren, , ,	
Mailing Address	PO Box 584	
	Ridgewood	07451
Title or Position	CITY STATE	ZIP CODE 973 826 0799
1 1 1 1 1	Telephone number	973 - 020 - 0799

Full Name of Designated Agent	Mele, Steven	ı, , ,					
Mailing Address	Ľ	611 Pennsylvani	a Avenue SE				
	L	Suite 143					
	L	Washington	CITY		DC STATE	20003	ZIP CODE
Title or Position Assistant Treas	urer			Telephone nui			
	Denositories	· List all hanks (or other depositories in wh	nich the commit	tee deposits f	unds, holc	ls accounts, rents
safety deposit bo			or outer depositories in in	nerr the commit	·		
safety deposit bo Name of Bank, I	oxes or mainta	ins funds.	o. e aspesie	non the commit	·		
	oxes or mainta	ins funds.					
	Depository, etc	ins funds.					
Name of Bank, [Depository, etc	ins funds. America					
Name of Bank, [Depository, etc	ins funds. America			NJ	07481	
Name of Bank, [Depository, etc	America 339 Franklin Ave				07481	ZIP CODE
Name of Bank, [Depository, etc	America 339 Franklin Ave			NJ	07481	
Name of Bank, I	Depository, etc	America 339 Franklin Ave	CITY		NJ	07481	
Name of Bank, I	Depository, etc Bank of /	America 339 Franklin Ave	CITY		NJ	07481	
Name of Bank, [Depository, etc Bank of /	America 339 Franklin Ave Wyckoff	CITY		NJ	07481	
Name of Bank, [Depository, etc Bank of /	America 339 Franklin Ave Wyckoff	CITY		NJ	07481	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	r(h). Joint Fundraisin ç	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Communities United	ed Fund		
		PO Box 15320		
	Mailing Address	PO B0X 15320		
		Washington	DC DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	indraising Representa	ative Leadership PAC Sponsor
8.				
.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
J.		by name, address (phone number – optional)		
J .	Full Name	by name, address (phone number – optional)		
5 .	Full Name	by name, address (phone number – optional)		
J.	Full Name	CITY A	STATE A	ZIP CODE A
J.	Full Name	CITY A		
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Telep ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Connected Organization	2.			FEC	ID number	С
3.	TITLE OR POSITION ▼ FEC ID number C STATE ZIP CODE TITLE OR POSITION ▼ CITY STATE ZIP CODE			 ,	ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number ZIP CODE ▲ Telephone Num	A			 _	ID number	
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC seignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —	Mailing Address Relationship: CITY ▲ STATE ▲ ZIP COD Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE			FEC	ID number	С
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —	Mailing Address Relationship: CITY ▲ STATE ▲ ZIP COD Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE					
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Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization	Relationship: CITY ▲ STATE ▲ ZIP COD Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization	Relationship: CITY ▲ STATE ▲ ZIP COD Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE					
Connected Organization	Connected Organization					
Connected Organization	Connected Organization					
Connected Organization	Connected Organization					1
Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TiTLE OR POSITION ▼ CITY ▲ Telephone Number Title or Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, refety deposit boxes or maintains funds. Ame of Bank, Morgan Stanley and Company epository, etc. Mailing Address 1290 Avenue of the Americas 1290 Avenue of the Americas	esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY STATE ZIP CODE		CITY A		STATE A	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Morgan Stanley and Company Spository, etc. Mailing Address 1290 Avenue of the Americas	TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE	y by name, add	dress (phone number – op	tional)		
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epository, etc. 1290 Avenue of the Americas Mailing Address		nics. List all ba	and of other depositories	iii willon the con	milice depos	its failes, floids accounts, for
Mailing Address						
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New York		aintains funds. an Stanley a				